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Energive on Fees pursuant to the Consolidated A		R 48181			es il acimanni		
		. 9	Application Numb	per 1058339	99	***************************************	
FEE TRANSMITTAL			Filing Date	July 24,	July 24, 2007		
For FY 2009			First Named Inve	ntor Soon Ta	Soon Tae-Ahn		
Applicant claims small entity	Examiner Name	C.S. Ke	C.S. Kessler				
Applicant dains small entity	rstatus, See 37 Crrt i	.21	Art Unit	1742	***********		
TOTAL AMOUNT OF PAYMENT	r (\$) 405.00)	Attorney Docket I	No. SAMH1	0002000		
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
Deposit Account Deposit Account Number: 040566 Deposit Account Name: DeLio & Peterson LLC							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments							
Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card							
information and authorization on PTO-2038.							
FEE CALCULATION	***************************************					§ 	
1. BASIC FILING, SEARCH,			est a menenes	venda v anki a izizan	AT PERSONAL	2000000	
	LING FEES Small Entity		CH FEES Small Entity	EXAMINATIO Smal	N FEES I Entity	90000	
	<u>e.(\$) </u>	<u>Fee (\$)</u>	Fee (\$)		e (\$)	Fees Paid (\$)	
Utility 33	165	540	270	220 1	10		
Design 22	20 110	100	50	140	70		
Plant 22	20 110	330	165	170	85		
Reissue 33	165	540	270	650 3	25		
Provisional 22	20 110	0	0	0	0		
2. EXCESS CLAIM FEES Small Entity							
Fee Description Each claim over 20 (including Reissues)					<u>Fee (\$)</u> 52	Fee (\$) 26	
Each independent claim over 3 (including Reissues)					220	110	
Multiple dependent claims					390	195	
Total Claims Extra Claims Fee (\$) Fee Paid (\$)					Aultiple Deper	ndent Claims	
4/20 pd - 20 or HP ≈ x ≈					Fee (\$)	Fee Paid (\$)	
HP ≍ highest number of total claims paid for, if greater than 20.							
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) 2/3 pd - 3 or HP = x = x							
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x ≃							
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)							
Other (e.g., late filing surcharge); REQUEST FOR CONTINUED EXAMINATION 405.00							
SUBMITTED BY / // // //							
ignature Registration No. 31,867				,867	Telephone 203-787-0595		
Name (Print/Type) Peter W. Peters	Secure Academis		Date 2010-09-17				

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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